

LEAVE APPLICATION FORM FOR FARE FELLOW

Name of Student: _____

FARE ID: _____ Dept: _____ Ph.D Email ID: _____

Date of Joining FARE: _____ Date of Ending FARE: _____

LEAVE APPLIED FOR

1. Personal Leave: From _____ to _____
(A FARE Fellow will be eligible for 2.5 days leave every month. Maximum of 30 days personal leave in a complete tenure on pro-rate basis)

2. Casual Leave: From _____ to _____
(A FARE Fellow will be eligible for 8 days casual leave in a complete tenure on pro-rate basis)

3. Medical Leave: From _____ to _____
(Leave on medical ground without pay, duly supported by medical certificate, may be granted to FARE Fellow for up-to 20 days on complete tenure on pro-rate basis)

NOTE: Attach medical certificate for medical leave.

Purpose of Leave: _____

Address of Leave: _____

Applied Dated: _____

If leave taken previously (if any) mention the type of leave and no of days: _____

- *Application must be submitted in hard copy to DoAA office with duly forwarded from thesis supervisor and HoD well in advance of the date of commencement of leave required except for medical leave in emergency situations.*
- *Encashment of any balanced un-availed leave in shall not be permitted.*
- *Approval of leave is completely depend on competent authority.*

Signatures: _____ (Student) _____ (Thesis Supervisor) _____ (Head of the Department)

For Official Use Only

Personal Leave	Casual Leave	Medical Leave
Accumulated:	Accumulated:	Accumulated:
Leave Applied:	Leave Applied:	Leave Applied:
Sanctioned:	Sanctioned:	Sanctioned:
Balance:	Balance:	Balance:

Leave Approved (if rejected mention the reason): _____

Any Remarks: _____

Verified by
Dealing Assistant/Suptd.
PG Section

Recommended by
AR/DR/JR
(Academic Affairs)

Approved
Dean
(Academic Affairs)